

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002015

1. Entity Name  
J.T. ROSS MCLEAN ENTERPRISES, INC.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT -3 AM 11:16

Principal Place of Business  
5243 GALL BLVD STE 3  
ZEPHYRHILLS FL 33541

Mailing Address  
5243 GALL BLVD STE 3  
ZEPHYRHILLS FL 33541



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
5315 8TH STREET  
Suite, Apt. #, etc.

3. Mailing Address  
5315 8TH STREET  
Suite, Apt. #, etc.

City & State  
ZEPHYRHILLS FL  
Zip 33540 Country U.S.A.

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ZEPHYRHILLS FL  
Zip 33540 Country U.S.A.

4. FEI Number  
59-3619098

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, JOHN  
5243 GALL BLVD STE 3  
ZEPHYRHILLS FL 33541

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete  
PRESIDENT  
JOHN ROSS  
STREET ADDRESS 35636 CLUBBER COURT  
CITY-ST-ZIP ZEPHYRHILLS, FL 33541

TITLE NAME ☐ Delete  
SECRETARY  
LOUISE A. ROSS  
STREET ADDRESS 35636 CLUBBER COURT  
CITY-ST-ZIP ZEPHYRHILLS, FL 33541

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
000004639840-0  
-10/17/01--01052--019  
\*\*\*\*550.00 \*\*\*\*550.00

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-2001 813-77A-211

Date Daytime Phone #

CR2E034 (5/01)